

VJP National Stigma Resource Modules # 1-3

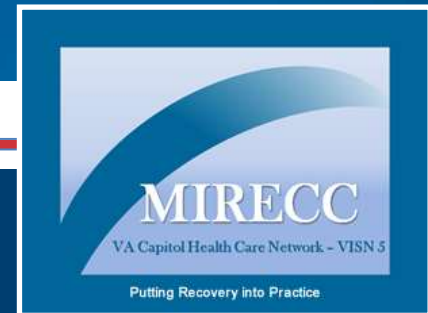
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VA



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Maryland Health Care System



INTRODUCTION

This series of brief modules presents a sequence of ideas and resources to help understand and reduce the stigma faced by justice-involved Veterans, people who work with them, and others experiencing bias and discrimination.

These modules are designed to...

- Be delivered singly or in combinations
- Be relevant to a wide variety of audiences
- Be customized by each presenter, such as with local examples
- Take about 20 minutes each to deliver, depending on discussion

Questions or Comments?
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+ Core Change Principles

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Stigmatizing Justice-Involved Veterans

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Introduction to How Stigma Causes Harm + Core Change Principles

What are common stereotypes about Justice-Involved Veterans?

Blameworthy

Assumed Recidivist

Frightening, Repulsive

Unreasonable, Needy, Weak

Unpredictable, Crazy, Violent, Unstable

Dishonest, Untrustworthy, Manipulative

Hopeless, Worthless, Beyond Reach, Beyond Help

**STIGMA
IS SOCIAL
POLLUTION**

How do these cause harm?

1. Unfair, Discriminatory, Unkind, Unjust

2. Hurtful, Frustrating, & Demoralizing to the Targets

3. Impede Veterans, Our Work, Program Outcomes

4. Cloud Decisions, Policies, & Working Relationships

Stigmatization =

Devaluing of a group of people as “other” and “less than” based on some real or perceived common characteristic or condition.

**...a social process we DO to each other,
not something one has (*a stigma*).**

- There are some core common components that are useful to know.
- And many unique details in how stigmatization takes place across the diversity of stigmatized identities, conditions, people, situations
- Taking it apart can help us understand its dynamics and identify ways to reduce or interrupt it.

3 Components of Stigmatization

1. **BIAS** = Cognitive, Beliefs

Negative stereotypes and assumptions a person holds about a group or identity.

2. **PREJUDICE** = Emotional, Feelings

Which lead them to view that group negatively; feel distaste, aversion, fear, dislike, hatred towards them.



3. **DISCRIMINATION** = Behavioral, Acts and Policies

And to treat people in that group disrespectfully, dismissively, avoidantly, unfairly, fearfully, hostilely.

4 Facets of Stigmatization

Public or Societal Stigma =

the negative assumptions, stereotypes, attitudes, disrespect, discrimination, violence aimed at people in a stigmatized group.

Anticipated Stigma =

Worry, distress, and avoidance caused by anticipating that one will encounter stigmatization.

Internalized Stigma =

When people come to believe that the negative messages about a label or group are true of themselves or their experiences.

Associated Stigma =

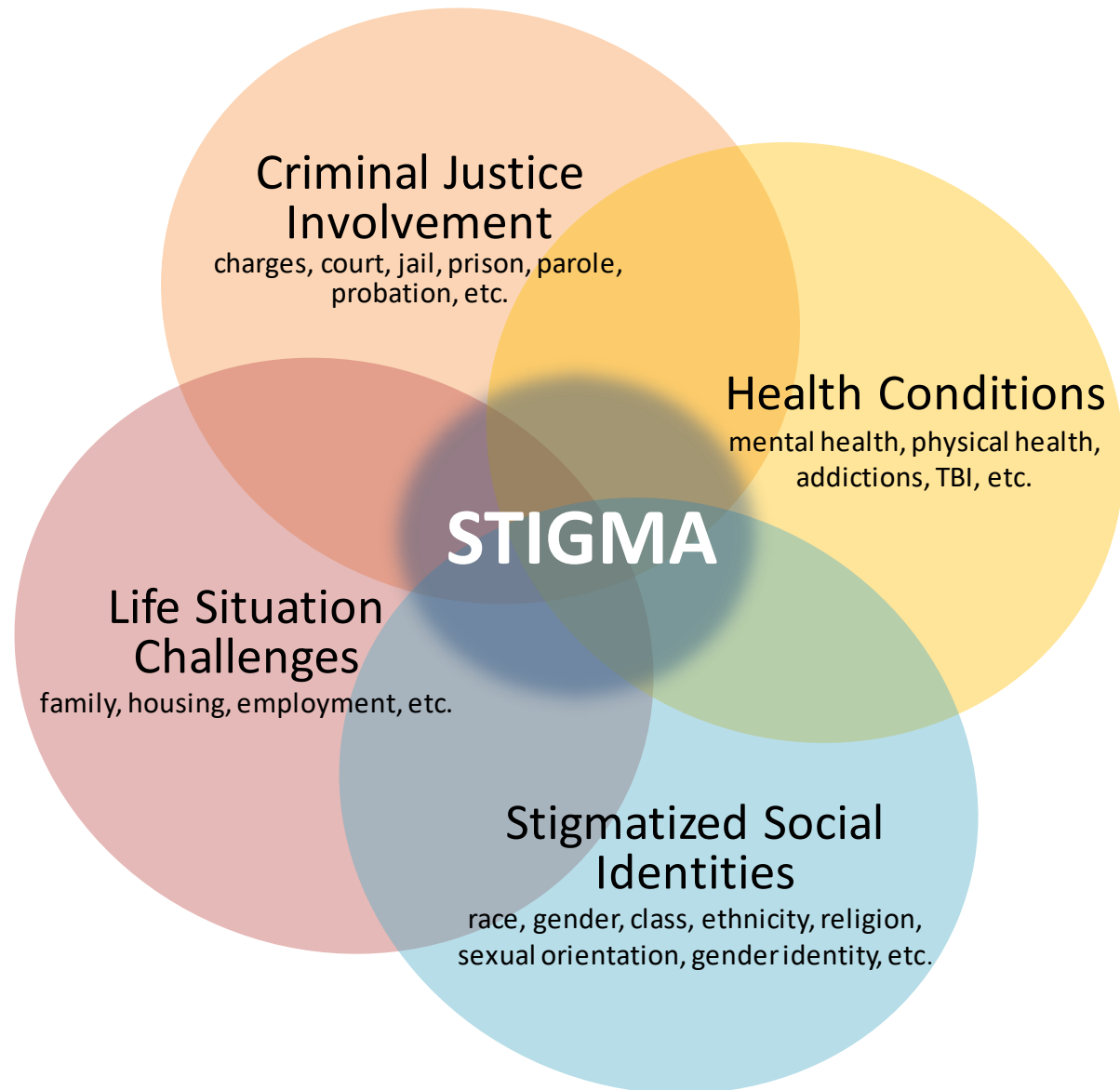
The stigmatization that people find projected on to them when they associate with people in a stigmatized group.

Often multiple sources of stigmatization

Many justice-involved Veterans have life situations, identities, and health conditions that are stigmatized by large portions of U.S. society.

These interrelate in each person's life. The entwined stigmatization from others (and self) complicates their coping and life path.

Many of these identities and challenges can confer strengths as well as difficulties and stress.



3 Broad Stigma Change Principles

1. EDUCATION ← related to bias / cognition

= Information to correct ignorance and inaccurate ideas

2. CONTACT ← related to prejudice / emotions

= Helping others see us as full people, rather than stereotypes, by interacting with us and our stories.

3. ADVOCACY ← related to discrimination / behavior

= Speaking up to change unjust situations

Each has important strengths, weaknesses, costs and benefits. Change efforts often combine multiple strategies tailored to the situation.

**These are the
focus of Module #2**

Module 1 Additional Resources

VISN-5 MIRECC Anti-Stigma Resources re Justice-Involved Veterans

<https://www.mirecc.va.gov/visn5/education/VJP.asp> Justice-Involved Veterans:

Veterans Justice Outreach Programs, national webpage:

<https://www.va.gov/homeless/vjo.asp>

Health Care for Re-Entry Veterans, national webpage:

<https://www.va.gov/homeless/reentry.asp>

Breaking Down Stigma (handout)

https://www.mirecc.va.gov/visn5/education/VJP/Breaking_Down_Stigma_Resource.pdf



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Core Strategies for Reducing the Harms of Stigmatizing Justice-Involved Veterans

Stigmatization:

... devaluing a group of people as “other” and “less than” based on some real or perceived common characteristic or condition

Stigmatization can be thought of having three components:

1. **BIAS** = Negative stereotypes and beliefs a person holds about a group or identity.
2. **PREJUDICE** = Negative feelings a person has toward that group, such as aversion, dislike, disrespect, fear, anger.
3. **DISCRIMINATION** = Behavior or policies that treat people in that group negatively, disrespectfully, dismissively, hostilely.

- Stigmatization leads to profound discrimination and inequities for justice-involved Veterans in housing, employment, healthcare, and social well-being.
- Causing elevated distress, decreased social support, avoidance of health care, and increases in other risk factors (Martin et al., 2020).
- Such experiences, and anticipating them, spark embarrassment, shame, low self-confidence, hopelessness, internalization, etc.
- Further eroding selfcare, treatment adherence, and goal attainment.
- Stigmatization also impedes VA staff and others working with such Veterans, suppressing productivity and elevating stress.
- Health care providers are consistently among the top reported sources of stigmatizing behavior and comments. (e.g., Carrara et al, 2019, Valery & Prouteau, 2020).

Why we need to intervene: Stigma Impact

3 Broad Types of Anti-Stigma Strategies

1. EDUCATION ← related to bias / cognition

= Information to correct ignorance and inaccurate ideas.

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Each has important strengths and weaknesses, costs and benefits.

Many efforts combine multiple strategies tailored to the situation.

Information to correct ignorance or inaccurate ideas

PROs:

- Facts are on your side
- Need not be complex to deliver
- Sometimes people do just need accurate information

CONs:

- People discount information counter to their biases
- Often is not enough to change behavior or structural bias

EXAMPLES:

- Circulating an anti-stigma language flier
- Having a corrective conversation with someone
- Fact checking documentation and communications

EDUCATION: Examples

Explaining, again, calmly and professionally what VJP does and what it does not do.

Helping a Veteran understand how Vet Court or Treatment Court is different than court proceedings they've been part of before.

Sharing a fact sheet showing how housing services reduces recidivism among justice-involved Veterans.

Helping others see us as full people, rather than stereotypes, by interacting with us and our stories.

PROs:

- Very powerful for eroding stereotypes, changing feelings
- Harder to discriminate against or belittle a group you “know”

CONs:

- Requires people to “put themselves out there”
- Can involve uncomfortable conversations, hostility, risk
- “Positive” examples work best, may pull for editing ourselves

EXAMPLES:

- Profiles and photos in written materials
- Being “out” when one can in relevant settings
- Speakers, speakers bureau, ambassadors, advocates

CONTACT

CONTACT: Examples

Bring a successful Veteran along with you to a meeting, conference, or other opportunity: in person, virtually, or you carry their story in words.

Use a clip from a relevant “Make the Connection” profile to start a presentation or meeting.

Talk to justice-involved Veterans with great personal stories about nominating them for a profile in a local newsletter, website, or other outlet

Taking action to change discriminatory behavior or unjust situations

PROs:

- Practical, direct approach with a concrete goal
- Fairness (or lack of) is often compelling
- Common goal can often bring people together

CONs:

- Can be emotionally taxing, complex, takes a long time
- Not always successful, which can be disheartening

EXAMPLES:

- Bystander Activation: practice speaking up in the moment
- Meetings, letters, visible protest requesting a specific change

ADVOCACY: Examples

Interrupt negative stereotypes and other prejudice briefly and professionally to disagree, then move on.

Establish a respectful relationship with a problematic gate keeper and keep communicating your concerns and rationale for requesting change.

Consider whether and how a pattern of stigmatization merits reporting and request for change to higher levels of administration.

3 Additional Ideas

Discuss it:

Making all parts of stigma OK to talk about openly helps. Name it as a problem or hazard, share what you observe, invite others to discuss it civilly.

Discernment:

One cannot address every instance, but rather must decide where to try vs not. Maybe by potential impact, feasibility, the moment, your strengths, the situation, your preferences, needs, and limits.

Be an Active Bystander:

Calmly stating that something seems insensitive, or asking why something is allowed, and other small interventions can shift an atmosphere over time, make stigma less acceptable.

Module 2 Additional Resources

Be an Active Bystander: <https://vaww.insider.va.gov/be-an-active-bystander/>

VISN-5 MIRECC Anti-Stigma Resources re Justice-Involved Veterans
<https://www.mirecc.va.gov/visn5/education/VJP.asp> Justice-Involved Veterans:

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Improving VA Services Regarding Stigma and Justice-Involved Veterans



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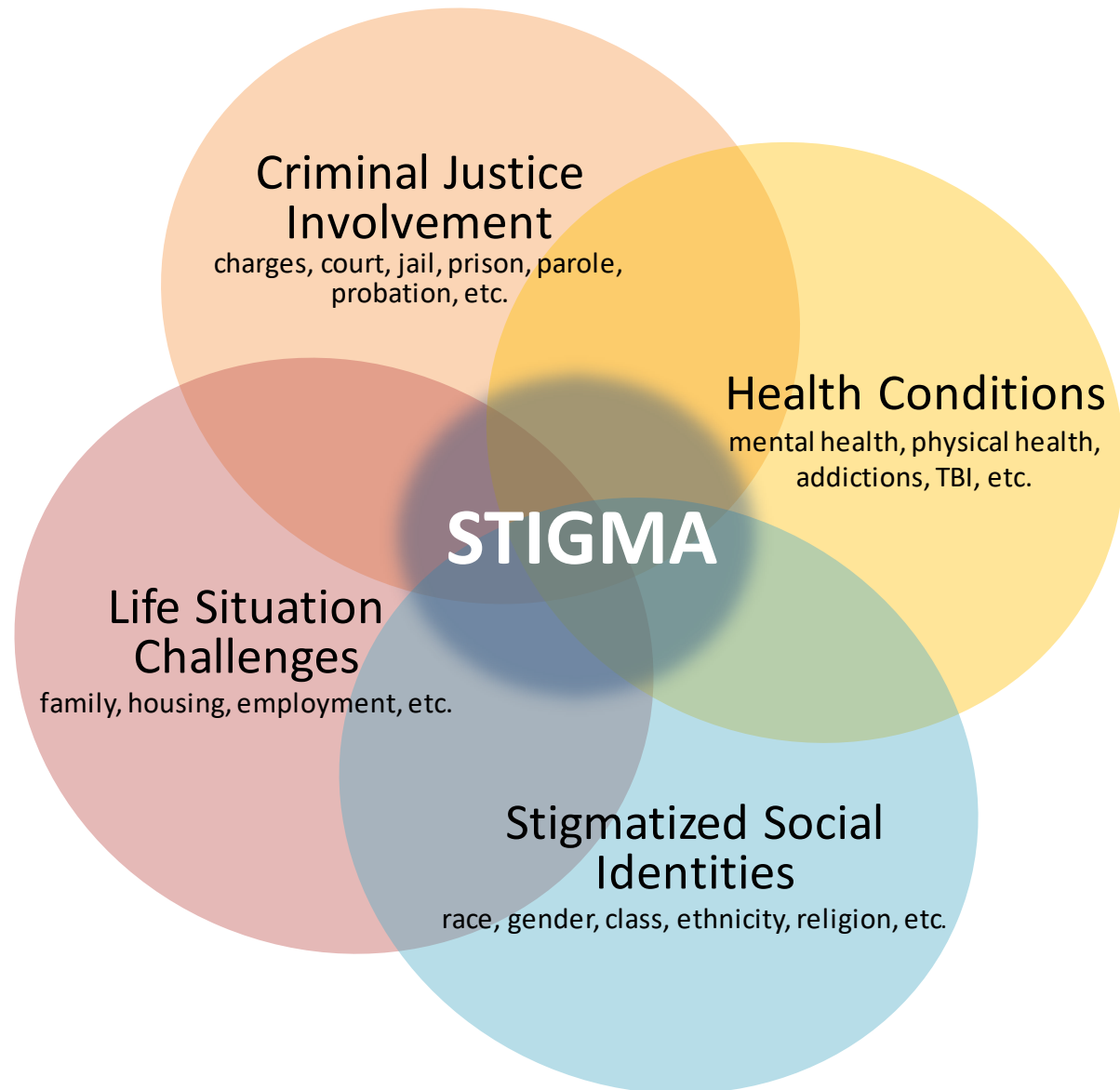
MANY challenges & stigma sources

Justice-involved Veterans

often have life situations, identities, and health conditions that are stigmatized by large portions of U.S. society.

These interrelate in each person's life. The entwined stigmatization from others (and self) complicates their coping and life path.

Many of these identities and challenges can confer strengths as well as difficulties and stress.



STEREOTYPES & MYTHS:

**Blameworthy, Recidivist,
Frightening, Repulsive, Unreasonable,
Hopeless, Worthless, Beyond Reach & Help,
Needy, Weak, Unpredictable, Crazy, Violent,
Unstable, Dishonest, Untrustworthy, Manipulative**

**ANY service can be weighed down and impeded by
stigma and stereotypes against Justice-Involved Veterans**

**Primary care, Vet Court, Mental Health, Housing, Substance Use
Treatment, Case Management, Employment, Rehabilitation,
Probation, Social Work**

How does stigmatization cause harm?

1. Unfair, Discriminatory, Unkind, Unjust

2. Hurtful, Frustrating, & Demoralizing to the Targets

3. Impede Veterans, Our Work, Program Outcomes

4. Cloud Decisions, Policies, & Working Relationships

**Where can
these myths
and
stereotypes
sneak in?**

- **Policies**
- **Everyday Practices**
- **Informal Norms**
- **Communications & Forms**
- **Assumptions**
- **Interpersonal Interactions**
- **Unwritten Rules**
- **Language & Non-Verbals**
- **Team Dynamics**
- **Relating to other Programs**
- **Incentives & Rewards**

Candid Reflection: Self, Team, Program

Risk Factors for Stereotyping

Stereotypes are (negative & inaccurate) generalizations.

They are (misleading & harmful) cognitive short cuts.

**Therefore it is no surprise that they are activated
when we are...**

- Frustrated
- Exhausted
- Overworked
- Overwhelmed
- Under-resourced
- Burned Out
- On Auto-pilot
- Cynical



So,

What can we do?

Reflect, Assess, Prioritize, Evaluate

REFLECT

- What are our strengths?
- What are our gaps?
- What do we want different?
- What do we think happens?
- What parts of our operation?
- Etc

PLAN

- What are our priorities; why?
- What are our goals?
- How will we get there?
- Who will be involved?
- How will we see impacts?
- Etc

DO & EVAL

- Try it, observe effects, revise, try again.
- How do we know if we are reaching our goals?
- Who benefits?
- What happens next?
- Etc.

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3 Broad Types of Anti-Stigma Strategies

**Most involve some kind of
PERSPECTIVE SHIFT**



SHIFT via Counter Examples

- To prompt awareness about stigma, the dangers of self-stigma
- To provide clear, realistic, positive counter examples
- To undermine hopeless stereotypes & myths

Make the Connection

(Veteran & MH)

www.maketheconnection.com

About Face

(Veterans & PTSD)

<https://www.ptsd.va.gov/apps/aboutface/>

AND Do WATCH out for Veterans' negative self comparisons, esp if demoralized

SHIFT via Language Changes

The Manipulator
Frequent Fliers
The Malingeringer
The Nut Job

... said or thought in
team meeting, the
break room, CPRS,
the elevator, the
hallway
conversation...

COULD
SHIFT
TO



Person-first Language

A Veteran experiencing PTSD or BiPolar Disorder
A Veteran trying to hide his fear of what's happening
A Veteran struggling with addiction
A Veteran frustrated by the obstacles they encounter

SHIFT via Prompts we put in our path

- Are there forms we can change to prompt us to think and communicate in anti-stigma ways? (Intake? Referral? Progress?)
- What changes might we want to make to our formal policies to reduce inadvertent stigma?
- Might we create documentation or planning templates that prompt us to note a Veteran's strengths & goals, so we don't assume they have none because we see them struggling?
- Are there reminders we want to add into our communications flow with Veterans? with each other? With other VA colleagues?
- Are there practices we want to add (or subtract?) to our team process so as to better undermine stigma messages?
- Are there obstacles to de-stigmatizing goals that we can remove?

How can we make de-stigmatizing practices our defaults?

Education, Awareness, Shift, Empower:

a workshop for staff who want to help Veterans avoid internalized stigma.

<https://www.mirecc.va.gov/visn5/training/ease.asp>

VISN-5 MIRECC Anti-Stigma Resources re Justice-Involved Veterans

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Veterans Justice Outreach Programs, national webpage:

<https://www.va.gov/homeless/vjo.asp>

Identifying, Deconstructing, and Reducing Stigma:

a Toolkit from C4 Innovations for the VHA National Academic Detailing Service: [Here](#)

Module 3: Additional Resources